

1905 Leary Lane, Victoria TX 77901

May 16, 2016

## CC Docket No. 02-6

Federal Communication Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: Appeal of a Decision of the Universal Service Administration Company

To whom it may concern;

Appellant Name: Tony Pompa

CRN: 16062696

Applicant Name: Industrial Independent School District

Applicant BEN Number: 141456

Funding Year: 2013

Form 471 Application Number: 894273

Form 472 Identifier Number: IND164721, IND164722, IND164723, IND164724, IND164725,

IND164726, and IND164727

Funding Request Numbers: 2431153, 2431160, 2431208, 2431212, 2454742, 2454771, 2457891,

2472646, 2716249

Industrial Independent School District received and paid services from the vendors listed:

Verizon Southwest Inc.

AT&T Corp - AT&T Mobility - AT&T Mobility

Southwestern Bell Telephone Company

Department of Information Resources – Telecommunication Svcs.

Schoolwires Inc.

AirCanopy Internet Services, Inc.

FCC Appeal Page 2 May 16, 2016

Industrial ISD filed their 472 Forms originally on 10/24/2014 and the last day to file invoices was 4/2015. A request for invoice extensions was submitted in 3/2015 to allow enough time for the service providers to certify and sign the invoices and mail back for processing. The signed invoices were submitted to USAC as soon as they were processed by the service providers.

The following event was unusual in nature and infrequent in occurrence as it had never happened before.

Industrial ISD submitted a request for invoice extensions to USAC. The invoices fail to get processed. This was determined during a follow-up call and conversation with a USAC representative. The representative stated the extensions were not issued invoice numbers; therefore, they were never processed. At this time they would begin the process.

On 8/7/2015, Region 3 filed again for an additional extension (case #22-818730); however, the request for an extension approval was still taking long to process. On another follow-up call to USAC, the representative said the invoices could not be found and again were not issued an invoice number. The representative stated the same information an invoice number is issued when the form is submitted and in order to receive an invoice number for the Form 472 we had to re-file the form.

Under the guidance and direction of another USAC representative we filed the invoice again. Finally, we were issued an email on 9/18/2015 from USAC that stated:

This serves as acknowledgement and approval of your request for your one-time 120 day invoice deadline extension for the following FRNs:

2431153, 2431160, 2431208, 2431212, 2454742, 2454771, 2457891, 2472646

Although Industrial ISD was approved for the 120 day extension, when the service providers attempted to approve and certify the BEAR forms they were unable to access and approve forms. We were astonished by what had happened because we were notified of an invoice extension. On 10/15, 16, 21/2015 and 11/4/2015 we received Form 472 BEAR Notification Letters that the BEAR Forms were denied funding.

We filed for an appeal and USAC denied the appeal.

It appears that not only human error was involved but also a possible computer glitch that may have caused several of the issues that delayed the processing of the forms. Due to the extraordinary circumstances, Industrial ISD has not had an equal opportunity to recover expenses paid for their technology services.

FCC Appeal Page 3 May 16, 2016

We respectfully request the FCC to approve an invoice extension for the requesting FRNs listed in our appeal. We ask for the opportunity to receive an invoice extension so that we may request reimbursements for the expenses paid by Industrial Independent School District.

Sincerely,

Tony Pompa

School Business Specialist

361-573-0731

tpompa@esc3.net

	Estimated time per response: 1.0 hour
FCC Form 472 Do not write in the	is space
DO NOT STAPLE THIS FORM	
Interest Service for	-Schools and Libraries
Please read instructions before completing.	(To be completed by schools, libraries, or consortia
BILLED ENTITY APPLICATION	NT REIMBURSEMENT FORM
For reimbursement of discounts on approved set	vices already paid for by the Billed Entity Applicant.
	tification Number (SPIN) per form. Applicant and signed by the relevant service provider.
	r the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDU	CTION ACT
Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Fallure to preturned without action. Information requested by this form will be available for public inspection. Your re-	provide all requested information will delay the processing of the application or result in the application being sponse is required to obtain the requested authorization.
The public reporting for this collection of information is estimated to range from 1 to 2 hours per response the required data, and completing and reviewing the collection of information. If you have any comments write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YO	on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please 0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act
Remember – You are not required to respond to a collection of information sponsored by the Federal gov OMB control number or if we fall to provide you with this notice. This collection has been assigned an OM	emment, and the government may not conduct or sponsor this collection, unless it displays a currently valid iB control number of 3060-0856.
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DE LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.	CEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC
Applicant Form Identifier (Create an Identifier for your own reference)	FCC Form 472 Invoice # (To be inserted by administrator)
BLOCK 1: HEADER INFORMATION	
1. Billed Entity Name Industrial 15D	
2. Billed Entity Number 141456	
3. Service Provider Identification Number (SPIN) 143004789	
4. Contact Name Tony Williams	
5. Contact Telephone Number 361-284-3226	
6. Total Reimbursement Amount (total from Block 2, Column 14) # 12, 4	70.64

Page 1 of 5

FCC Form 472

July 2013

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	For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.							
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Ap	plicant Form Identif	ier_ <i> ND 64</i> ]	72/_					
	BLOCK 2:	LINE ITEM INFO	RMATION PER FL	INDING REQUEST	NUMBER			
i	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471	Funding Request	Bill Frequency	Customer Billed Date	Shipping Date	Total	Discount	Amount Billed
	Application Number	Number (FRN)		(mm/yyyy)	to Customer or Last Day of Work	(Undiscounted) Amount for	Rate	to USAC (Column 12
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	(from Funding	Commitment			(mm/dd/yyyy)		9) (5)	Column 13)
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BILLED ENTITY APPLICANT Relimbursement Form	
Billed Entity Name Industrial 150	
Billed Entity Number 141456	
Contact Name Tony Williams	
Applicant Form Identifier /ND 144721	
Block 3: Billed Entity Certification	
I declare under penalty of perjury that the foregoing is true and correct ar	
Entity Applicant Reimbursement Form on behalf of the eligible schools, li	
represented on this Form, and I certify to the best of my knowledge, infor	
A. The discount amounts listed in Column (14) of this Billed Entity Appli	
charges for eligible services delivered to and used by eligible schools	
educational purposes, on or after the service start data reported on the	he associated FCC Form 486.
B. The discount amounts listed in Column (14) of this Billed Entity Appli	
billed by the service provider and paid by the Billed Entity Applicant of	on behalf of eligible schools, libraries, and
consortia of those entities.	
C. The discount amounts listed in Column (14) of this Billed Entity Appli	
services approved by the fund administrator pursuant to a Funding C	
D. I recognize that I may be audited pursuant to this application and will	
retention period is required by the rules in effect at the time of this ca	
delivered in this funding-year-any and all records that I rely-upon to f	
E. I certify that, in addition to the foregoing, this Billed Entity Applicant in	
governing the schools and libraries universal service support program	
compliance and remain in compliance with those rules and orders m	
and/or cancellation of funding commitments. I acknowledge that fail	
governing the schools and libraries universal service support progra	m could result in civil or criminal
prosecution by law enforcement authorities.	
15. Signature of authorized person	16. Date
/occeptuelle-	10-24-14
17. Printed name of authorized person	
Tony Williams	
18. Title or position of authorized person	
Superintendent	
19. Telephone number of authorized person	
361-284-3226	
20. Address of authorized person	5 The state of the
PO BOX 369	
Vanderbilt, TX 77991-036	9

BILLED ENTITY APPLICANT Reimbursement Form
Billed Entity NameEndustrial /SD
Billed Entity Number 141454
Contact Name Tony Williams
Applicant Form Identifier /ND 16 472/
Block 4: Service Provider Acknowledgment
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this  Service Provider Acknowledgment for this Billed Entity Applicant Relmbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:
A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as spossible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B, below.
B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
21. Signature of authorized person (fax, copy or original eignature) 22 Date  MINIA C DOTTOLOGICE 3-21-2015
23. Printed name of authorized person
Maria Szatkowski
24. Title or position of authorized person
Business Sales Support Specialist
25. Telephone number of authorized person
(866) 483-8858
26. Address of authorized person
201 Flynn Rd
C2m2rillo CA 93012

27. Applicant Remittance Information

Name Tony Williams

Street Address No Bal 319, Vanderbilt, TX 77991-0369

Page 4 of 5

FCC Form 472

Approved by OMB
OMB Control No. 3060 – 0856

	Estimated time per response: 1.0 hour
FCC Form 472 Do not write in the DO NOT STAPLE THIS FORM	s space
Universal Service for	Schools and Libraries
Please read instructions before completing.	(To be completed by schools, libraries, or consortia.
BILLED ENTITY APPLICAN	IT REIMBURSEMENT FORM
For reimbursement of discounts on approved ser	vices already paid for by the Billed Entity Applicant.
	ification Number (SPIN) per form. Applicant and signed by the relevant service provider,
Persons willfully making false statements on this form can be punished by fine or forfeiture, under United States Code, 18 U.S.C. Sec. 1001.	the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or Imprisonment under Title 18 of the
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUC	CTION ACT
Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to preturned without action. Information requested by this form will be available for public inspection. Your re-	rovide all requested information will delay the processing of the application or result in the application being sponse is required to obtain the requested authorization.
The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, the required data, and completing and reviewing the collection of information. If you have any comments write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0 aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOU	on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please 1856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act
Remember – You are not required to respond to a collection of information sponsored by the Federal gove OMB control number or if we fall to provide you with this notice. This collection has been assigned an OMI	
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DEC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.	CEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC
Applicant Form Identifier (Create an identifier for your own reference)  1ND 16 47 22	FCC Form 472 Invoice # (To be inserted by administrator)
BLOCK 1: HEADER INFORMATION	
1. Billed Entity Name Industrial (5)	
2. Billed Entity Number 141456	
3. Service Provider Identification Number (SPIN) /4300 1/92	
4. Contact Name Tony Williams	
5. Contact Telephone Number 361-284-3226	
6. Total Reimbursement Amount (total from Block 2, Column 14) # 1868.	30

Page 1 of 5

FCC Form 472



	Billed Entity Applicant Reimbursement Form							
	For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.							
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Co	ntact Name Ton	y Williams		Contact T	elephone Number	361-28	74-3	226_
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	(7) FCC Form 471	(8) Funding Request	(9) Bill Frequency	(10) Customer Billed Date	(11) Shipping Date	(12) Total	(13) Discount	(14) Amount Billed
	Application	Number (FRN)	Bill Frequency	(mm/yyyy)	to Customer or	(Undiscounted)	Rate	to USAC
	Number			, ,,,,,,	Last Day of Work	Amount for		(Column 12
	/6 F di	(from Funding Commitment	r.		Performed	Service		multiplied by
	(from Funding Commitment Decision	Decision Letter)			(mm/dd/yyyy)			Column 13)
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Page 2 of 5

FCC Form 472

BILLED ENTITY APPLICANT Reimburgement Form	
Billed Entity Name Industrial ISD	
Billed Entity Number 141456 Contact Name Tony Williams	
Contact Name Tony Williams	
Applicant Form Identifier / ND /44722	
Block 3: Billed Entity Certification	
I declare under penalty of perjury that the foregoing is true and correct an Entity Applicant Reimbursement Form on behalf of the eligible schools, ill represented on this Form, and I certify to the best of my knowledge, infor	braries, or consortia of those entitles
A. The discount amounts listed in Column (14) of this Billed Entity Applic charges for eligible services delivered to and used by eligible schools educational purposes, on or after the service start date reported on the	s, libraries, or consortia of those entities for
B. The discount amounts listed in Column (14) of this Billed Entity Applicant of billed by the service provider and paid by the Billed Entity Applicant of consortia of those entities.	cant Reimbursement Form were already
C. The discount amounts listed in Column (14) of this Billed Entity Appli services approved by the fund administrator pursuant to a Funding C	Commitment Decision Letter.
D. I recognize that I may be audited pursuant to this application and will retention period is required by the rules in effect at the time of this ce delivered in this funding-year-any-and-all-records-that-frely-upon-to-fit	artification), after the last day of service
E. I certify that, in addition to the foregoing, this Billed Entity Applicant is governing the schools and libraries universal service support program compliance and remain in compliance with those rules and orders mand/or cancellation of funding commitments. I acknowledge that fails	s in compliance with the rules and orders n, and I acknowledge that failure to be in ay result in the denial of discount funding
governing the schools and libraries universal service support program prosecution by law enforcement authorities.	m could result in civil or criminal
15. Signature of apthorized person	16. Date
purpuelle	10-24-14
17. Printed name of authorized person	
Tony Williams	
18. Title or position of authorized person Superintendent	
19. Telephone number of authorized person	
361-284-3226	
20. Address of authorized person POBOX 369	
Vanderbilt, TX 77991-036	9
Vander Bill, In Illa	1

BILLED ENTITY APPLICANT Reimbursement Form	**************************************
Billed Entity Name	
Billed Entity Number 141454	
Contact Name Tony Williams	
Applicant Form Identifier (ND 164726	
Block 4: Service Provider Acknowledgment	
Billed Entity Applicant Reimbursement Form, but in no e reimbursement payment from the fund administrator, su B. The service provider must remit payment of the approve tendering or making use of the payment issued by the L provider of the approved discounts for the Billed Entity A. I certify that, in addition to the foregoing, this Service Progoversing the schools and libraries universal service su compliance and remain in compliance with those rules and/or cancellation of funding commitments. I acknowle governing the schools and libraries universal service su prosecution by law enforcements universal service su prosecution by law enforcements and fixed the schools and libraries universal service su prosecution by law enforcements although the schools and libraries universal service su prosecution by law enforcements and fixed the schools and libraries universal service su prosecution by law enforcements.	thorized by the fund administrator to the Billed Entity Applicant Reimbursement Form as soon as possible revider of the amount of the approved discounts on this event later than 20 business days after receipt of the bject to the restriction set forth in B. below. Indicated discount amount to the Billed Entity Applicant prior to Iniversal Service Administrative Company to the service Applicant Reimbursement Form. Devider is in compliance with the rules and orders poport program, and I acknowledge that failure to be in and orders may result in the denial of discount funding edge that failure to comply with the rules and orders opport program could result in civil or criminal
23. Printed name of eathorized person	
24. Title or position of authorized person	
25. Telephone number of authorized person	
	8
26. Address of authorized person	
	AT&T Corporation 866-364-3317 Lorraine A. Griffin Suite # 16W34 Sr. Contract / Sourcing Specialist 311 West Washington Street Chicago, Illinois, 60606-3220
A Part of the Control	

27. Applicant Remittance Information
Name Tony Williams
Title Supt

Street Address Po Box 369, Vanderbilt, TX 77991-0369

Approved by OMB
OMB Control No. 3060 – 0856

	Estimated time per response: 1.0 hour
FCC Form 472 Do not write in this	space
DO NOT STAPLE THIS FORM	
Universal Service for S	AND THE PROPERTY OF THE PARTY O
Please read instructions before completing.	(To be completed by schools, libraries, or consortia.
BILLED ENTITY APPLICANT	
For reimbursement of discounts on approved servic Only one Service Provider Identific	es already paid for by the Billed Entity Applicant.
Wust be completed and signed by the Billed Entity App	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the United States Code, 18 U.S.C. Sec. 1001.	e Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or Imprisonment under Title 18 of the
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTI	ON ACT
Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to prove returned without action. Information requested by this form will be available for public inspection. Your response	ide all requested information will delay the processing of the application or result in the application being onse is required to obtain the requested authorization.
The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the required data, and completing and reviewing the collection of information. If you have any comments on write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-085) aspects of this collection via the Internet If you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR	this burden estimate, or how we can improve the collection and reduce the burden it causes you, please 6), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act
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	FCC Form 472 Invoice # To be inserted by administrator)
BLOCK 1: HEADER INFORMATION	
1. Billed Entity Name Industrial 15D	
2. Billed Entity Number 141456	
3. Service Provider Identification Number (SPIN) 143004662	
4. Contact Name Tony Williams	
5. Contact Telephone Number 361-284-3226	
6. Total Reimbursement Amount (total from Block 2, Column 14) # 5588.	04

Page 1 of 5

FCC Form 472



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	For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.							
Bil	led Entity Name ntact Name	Industrial	151	Contact To	Billed Entity Num	nber <u>/4/</u>	156	
Co	ntact Name Ton	y Williams		Contact T	elephone Number_	361-28	14-3	226
Ар	/ plicant Form Identif	ier_/ <i>ND1447</i>	23					
				UNDING REQUEST	NUMBER			
	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number	Funding Request Number (FRN) (from Funding	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by
10 Aerona tatawa	(from Funding Commitment Decision Letter)	Commitment Decision Letter)			(mm/dd/yyyy)	Prints 500% Julius		Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, comple or Column (11), but				
1	894273	2431208		07/2013		5731.85	6/%	2806.44
2	894273	2431212		07/2013		5731.85	6100	2781.60
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BILLED ENTITY APPLICANT Reimbursement Form						
Billed Entity Name <u>Industrial 15D</u>						
Billed Entity Number 141456						
Contact Name Tony Williams						
Applicant Form Identifier / ND 14 4723						
Block 3: Billed Entity Certification						
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billied Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:						
A. The discount emounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for sligible services delivered to and used by sligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.						
B. The discount emounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entitles.						
C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.						
D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered-in-this funding year-any-and all-records that-i-rely-upon-to-fill-in-this-form:						
E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.						
15. Signature of authorized person, 16. Date						
17. Printed name of authorized person						
17. Printed name of authorized person  Tony Williams						
18. Title or position of authorized person						
Superintendent						
19. Telephone number of authorized person						
361-284-3226						
20. Address of authorized person POBOX 369						
Vanderbilt, TX 77991-0369						

BILLED ENTITY APPLICANT Relmbursement Form
Billed Entity Name Industrial 15D
Billed Entity Number 141454
Contact Name Tony Williams
Applicant Form Identifier IND 164723
Block 4: Service Provider Acknowledgment
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:
A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Relmbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service
provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.  C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
21. Signature of authorized person (fax, copy or original signature) 22. Date  03/27/15
23. Printed name of authorized person
24. Title or position of authorized person
24. Title or position of authorized person  Customer Advocate
25. Telephone number of authorized person
1-800-759-8195
26. Address of authorized person 444 MICHIGAN AVE
FLOOR 2
DETROIT, MI 48226
<u></u>

27. Applicant Remittance Information
Name Tony Williams
Title Supt.

Street Address Po Boy 369, Vanderbilt, TX 77991-0369



	Estimated time per response: 1.0 hour
FCC Form 472 Do not write in thi	s space
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Universal Service for	Schools and Libraries
Please read instructions before completing.	(To be completed by schools, libraries, or consortia
BILLED ENTITY APPLICAN	T REIMBURSEMENT FORM
For reimbursement of discounts on approved serv	rices already paid for by the Billed Entity Applicant.
	ification Number (SPIN) per form.
Must be completed and signed by the Billed Entity A	pplicant and signed by the relevant service provider.
Persons willfully making false statements on this form can be punished by fine or forfeiture, under United States Code, 18 U.S.C. Sec. 1001.	the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUC	CTION ACT
Part 54 of the Commission's Rules authorizes the FCC to collect the Information on this form. Failure to preturned without action. Information requested by this form will be available for public inspection. Your res	ovide all requested information will delay the processing of the application or result in the application being ponse is required to obtain the requested authorization.
The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, the required data, and completing and reviewing the collection of information. If you have any comments of write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0 aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOU	in this burden estimate, or how we can improve the collection and reduce the burden it causes you, please 856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act
Remember – You are not required to respond to a collection of information sponsored by the Federal governous control number or if we fall to provide you with this notice. This collection has been assigned an OME	rnment, and the government may not conduct or sponsor this collection, unless it displays a currently valid a control number of 3060-0856.
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DEC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.	EMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC
Applicant Form Identifier (Create an identifier for your own reference)	FCC Form 472 Invoice # (To be inserted by administrator)
BLOCK 1: HEADER INFORMATION	
1. Billed Entity Name Industrial 15D	
2. Billed Entity Number 141456	
3. Service Provider Identification Number (SPIN) 143025240	
4. Contact Name Tony Williams	
5. Contact Telephone Number 361-284-3226	
6. Total Reimbursement Amount (total from Block 2, Column 14) # 573.	81

Page 1 of 5

FCC Form 472



Approved by OMB OMB Control No. 3060 - 0856

Estimated time per response: 1.0 hour **Billed Entity Applicant Reimbursement Form** For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant. Billed Entity Name Billed Entity Number Contact Name Tony Williams Contact Telephone Number Applicant Form Identifier /ND/ **BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER** (7) (8) (9) (10) (11) (12) (13) (14)

	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471	Funding Request	Bill Frequency	Customer Billed Date	Shipping Date	Total	Discount	Amount Billed
	Application	Number (FRN)	i i i i i i i i i i i i i i i i i i i	(mm/yyyy)	to Customer or	(Undiscounted)	Rate	to USAC
	Number	\$ 18			Last Day of Work	Amount for		(Column 12
		(from Funding			Performed	Service		multiplied by
	(from Funding	Commitment			(mm/dd/yyyy)			Column 13)
	Commitment Decision	Decision Letter)						
	Letter)	<u> </u>	50 110 7 110 17 111				<u> </u>	<u> </u>
				For each FRN, comple		)		
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TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)

Page 2 of 5

FCC Form 472

Billed Entity Number	BILLED ENTITY APPLICANT Reimbursement Form				
Applicant Form identifier /ND //4724  Block 3: Billed Entity Certification  I declare under penelty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursament Form on behalf of the eligible achools, libraries, or consortie of those entities represented on this Form, and I certify to the best of my knowledge, Information and belief, as follows:  A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursament Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortie of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on benalf of eligible schools, libraries, and consortia of those entities.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be entitled pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to till in this form.  E. Loertify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denilal of discount funding and/or cancellation of funding commitments. I acknowledge that failure to be in compliance and interiorized person  To provide the person of authorized person  Juperinte	Billed Entity Name <u>Industrial 15D</u>				
Block 3: Billiad Entity Certification  I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billiad Entity Applicant Reimbursament Form on behalf of the eligible schools, libraries, or consorted of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:  A. The discount amounts listed in Column (14) of this Billiad Entity Applicant Reimbursament Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount amounts listed in Column (14) of this Billiad Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I refly upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and a exhanoledge that failure to be in compliance and remain in compliance with the orders and orders may result in the deniel of discount funding and/or cancellation of funding commitments. I acknowledge that feilure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or cr	Billed Entity Number 141456				
Idealare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortle of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:  A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible evoles delivered to and used by eligible schools, libraries, or consortie of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all-records that I rely upon to fill in this form.  E. I certify that, in addition to the foregoing, the Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliances and remain in compliance with those rules and orders may result in the dehlat of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement autho					
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursament Form on behalf of the eligible schools, libraries, or consortle of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:  A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursament Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursament Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursament Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at test five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any-and-all-records that i rely upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the dental of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement autho	Applicant Form Identifier / ND 144724				
Entity Applicant Reimbursament Form on behalf of the eligible schools, libraries, or consortle of those entities represented on this Form, and I certify to the best of my knowledge, Information and belief, as follows:  A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursament Form represent charges for eligible eervices delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at lesst five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the nules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the dented of discount funding and/or cancellation of funding commitments. I acknowledge that feilure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.  15. Signature of authorized person  Jule 284 - 329  30. Address of authorized person	Block 3: Billed Entity Certification				
charges for eligible services delivered to and used by eligible schoots, libraries, or consortie of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any-and-all-records that I rely upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.  15. Signature of authorized person  Form Williams  18. Title or position of authorized person  Form Williams  19. Telephone number of authorized person  Form Williams  20. Address of authorized person	Entity Applicant Reimbursement Form on behalf of the eligible schools, if represented on this Form, and I certify to the best of my knowledge, infor	ibraries, or consortla of those entities mation and belief, as follows:			
B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entitles.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.  15. Signature of authorized person	charges for eligible services delivered to and used by eligible school	s, libraries, or consortia of those entities for			
services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that feilure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.  15. Signature of authorized person    Tony Williams   16. Date   16.	B. The discount amounts listed in Column (14) of this Billed Entity Appli billed by the service provider and paid by the Billed Entity Applicant of	icant Reimbursement Form were already			
D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any-and all-records that I rely upon-to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.  15. Signature of authorized person					
E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.  15. Signature of authorized person    16. Date   17. Printed name of authorized person   16. Date   17. Printed name of authorized person   18. Title or position of authorized person   19. Telephone number of authorized person   361-384-3336   20. Address of authorized person   20. Address of authorized   20. Address of authorized person   20. Address of authorized person   20. Address of authorized   20. Address of authorized   2	D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service				
15. Signature of authorized person  16. Date  17. Printed name fijauthorized person  18. Title or position of authorized person  Superintendent  19. Telephone number of authorized person  361-284-3226  20. Address of authorized person  0 0 60x 369	E. I certify that, in addition to the foregoing, this Billed Entity Applicant is governing the schools and libraries universal service support progration compliance and remain in compliance with those rules and orders mand/or cancellation of funding commitments. I acknowledge that fell governing the schools and libraries universal service support progra	is in compliance with the rules and orders m, and I acknowledge that failure to be in any result in the denial of discount funding lure to comply with the rules and orders			
17. Printed name filauthorized person  Pony Williams  18. Title or position of authorized person  Superintendent  19. Telephone number of authorized person  361-284-3226  20. Address of authorized person  0.0 Box 369	15. Signature of authorized person				
18. Title or position of authorized person  Superintendent  19. Telephone number of authorized person  361-384-3336  20. Address of authorized person  00 Box 369		10-24-14			
18. Title or position of authorized person  Superintendent  19. Telephone number of authorized person  361-384-3336  20. Address of authorized person  0.0 Box 369	11				
Superintendent  19. Telephone number of authorized person  361-384-3336  20. Address of authorized person  0.0 Box 369	Tony Williams				
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361- 284- 3226 20. Address of authorized person 0.0 Gex 369					
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DO BOX 3/9	20 Address of subprized person				
Vanderbilt, TX 77991-0369	DO BOX 3/09				
C. AND	Vanderbilt, TX 77991-036	9			

BILLED ENTITY APPLICANT Reimbursement Form
Billed Entity Name
Billed Entity Number 141454
Contact Name Tony Williams
Applicant Form Identifier IND 164724
Block 4: Service Provider Acknowledgment
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:  A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.  B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.  C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.
21. Signature of authorized person (fax, copy or original signature)   22. Date   3 / 30 / 15
23. Printed name of authorized person
BRETT BEHRENS
24. Title or position of authorized person
NECOE MANAGER
25. Telephone number of authorized person
(866) 829 - 8184
26. Address of authorized person
311 W. WASHING TON ST
CHICAGO, IL 60406
27. Applicant Remittance Information
. Tomy Williams

Page 4 of 5

FCC Form 472

Street Address Po Boy 369, Vanderbilt, TX 77991-0369

			Estimated time per response: 1.0 nour
FCC Form 472 DO NOT STAPLE THIS FORM	Do not write in th	is space	
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	Jilversal Service for	Schools and Libra	aries
Please read instructions before completing.			(To be completed by schools, libraries, or consortia.
	ENTITY APPLICAN		
	discounts on approved ser vone Service Provider Ideni		the Billed Entity Applicant.
			the relevant service provider.
Persons willfully making false statements on this form can be punis United States Code, 18 U.S.C. Sec. 1001.	hed by fine or forfeiture, under	the Communications Act,	47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT	AND THE PAPERWORK REDU	CTION ACT	
Part 54 of the Commission's Rules authorizes the FCC to collect the information requested by this form will be available.	mation on this form. Fallure to pole for public inspection. Your re	rovide all requested informati sponse is required to obtain t	on will delay the processing of the application or result in the application being the requested authorization.
the required data, and completing and reviewing the collection of information	tion. If you have any comments ork Reduction Act Project (3060-0	on this burden estimate, or ho 1856), Washington, DC 20554	ng instructions, searching existing data sources, gathering and maintaining ow we can improve the collection and reduce the burden it causes you, please leaves will also accept your comments regarding the Paperwork Reduction Actor RM TO THIS ADDRESS.
Remember — You are not required to respond to a collection of informatio OMB control number or if we fall to provide you with this notice. This colle	n sponsored by the Federal gove action has been assigned an OM	rnment, and the government B control number of 3060-085	may not conduct or sponsor this collection, unless it displays a currently valid 66.
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.	1974, PUBLIC LAW 93-579, DEC	CEMBER 31, 1974, 5 U.S.C.	552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC
Applicant Form Identifier (Create an Identifier for your (ND 16 47 25	own reference)	FCC Form 472 Invoice (To be inserted by add	
BLOCK 1: HEADER INFORMATION			
1. Billed Entity Name Industrial 15	<b>D</b>		
2. Billed Entity Number 141456			
3. Service Provider Identification Number (SPIN) /4	13005581		
4. Contact Name Tony Williams			
5. Contact Telephone Number 361-284-	3226		
6. Total Reimbursement Amount (total from Block 2, Col	umn 14) \$ 1664.	40	
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Page 1 of 5

FCC Form 472



	Billed Entity Applicant Reimbursement Form For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.							
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		/	/*************************************	JNDING REQUEST				
	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number	Funding Request Number (FRN) (from Funding	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by
	(from Funding Commitment Decision Letter)	Commitment Decision Letter)			(mm/dd/yyyy)	And and a college feet in		Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, completed or Column (11), but				
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Page 2 of 5

FCC Form 472

SILLED ENTITY APPLICANT Reimbursement Form				
Billed Entity Name				
Billed Entity Number 141456				
Contact Name Tony Williams				
Applicant Form Identifier /ND 144725				
Block 3: Billed Entity Certification				
I declare under penalty of perjury that the foregoing is true and correct at Entity Applicant Reimbursement Form on behalf of the eligible schools, I represented on this Form, and I certify to the best of my knowledge, information	Ibraries, or consortia of those entitles			
A. The discount amounts listed in Column (14) of this Billed Entity Applications for eligible services delivered to and used by eligible school educational purposes, on or after the service start date reported on the service start date reported on the service start date.	s, libraries, or consortia of those entitles for			
B. The discount amounts listed in Column (14) of this Billed Entity Applicant billed by the service provider and paid by the Billed Entity Applicant consortia of those entities.	icant Relmbursement Form were already			
C. The discount amounts listed in Column (14) of this Billed Entity Appl services approved by the fund administrator pursuant to a Funding (	icent Reimbursement Form are for eligible Commitment Decision Letter.			
D. I recognize that I may be audited pursuant to this application and will retention period is required by the rules in effect at the time of this codelivered in this funding year any and all records that I rely upon to the	ertification), after the last day of service			
E. I certify that, in addition to the foregoing, this Billed Entity Applicant governing the schools and libraries universal service support progra compliance and remain in compliance with those rules and orders mand/or cancellation of funding commitments. I acknowledge that fail governing the schools and libraries universal service support program prosecution by law enforcement authorities.	Is in compliance with the rules and orders im, and I acknowledge that failure to be in tay result in the denial of discount funding lure to comply with the rules and orders			
15. Signature of-eatherized person	16. Date			
Josephulle-	10-2474			
17. Printed name of authorized person				
Tony Williams				
18. Title or position of authorized person				
Superintendent				
19. Telephone number of authorized person				
361-284-3226				
20. Address of authorized person POBOX 369				
PU 608 301	0			
Vanderbilt, TX 77991-036	77			

BILLED ENTITY APPLICANT Reimbursement Form	And the state of t
Billed Entity Name	
Billed Entity Number 14/454	
Contact Name Tony Williams	
Applicant Form Identifier /ND 164725	
Block 4: Service Provider Acknowledgment I declare under penalty of perjury that the foregoing is true and correct Service Provider Acknowledgment for this Billed Entity Applicant Rein	
best of my knowledge, Information and bellef, as follows:  A. The service provider must remit the discount amount authorized I Applicant who prepared and submitted this Billed Entity Applicant after the fund administrator's notification to the service provider of Billed Entity Applicant Reimbursement Form, but in no event later reimbursement payment from the fund administrator, subject to the	Reimbursement Form as soon as possible the amount of the approved discounts on this than 20 business days after receipt of the
B. The service provider must remit payment of the approved discourtendering or making use of the payment issued by the Universal Sprovider of the approved discounts for the Billed Entity Applicant	nt amount to the Billed Entity Applicant prior to Service Administrative Company to the service
C. I certify that, in addition to the foregoing, this Service Provider is I governing the schools and libraries universal service support programments and remain in compliance with those rules and orders and/or cancellation of funding commitments. I acknowledge that governing the schools and libraries universal service support programments.	n compliance with the rules and orders gram, and I acknowledge that fallure to be in may result in the denial of discount funding failure to comply with the rules and orders gram could result in civil or criminal
21. Signature of authorized person (fax, copy or original signature)	22. Date
28. Printed name of authorized person	1 4 3 1/10
24. Title or position of authorized person	
25. Telephone number of authorized person	<i>i</i>
513-463-3582) 26. Address of authorized person	
300 (1). 15 Th Storet Suite 13	10 Austin, Tx 28201
27. Applicant Remittance Information	
Name Tony Williams Title Supt.	77991-1219
Street Address Po Boyl 369, Vanderbilt, TX	illi usuj

Approved by OMB
OMB Control No. 3060 – 0856

	Estimated time per response; 1.0 hour
FCC Form 472 Do not write in the	is space
DO NOT STAPLE THIS FORM	
	Schools and Libraries
Please read instructions before completing.	(To be completed by schools, fibraries, or consortia
	IT REIMBURSEMENT FORM
For reimbursement of discounts on approved ser	vices already paid for by the Billed Entity Applicant. lification Number (SPIN) per form.
	Applicant and signed by the relevant service provider.
Persons willfully making false statements on this form can be punished by fine or forfeiture, unde United States Code, 18 U.S.C. Sec. 1001.	the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the
FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDU	CTION ACT
Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to preturned without action. Information requested by this form will be available for public inspection. Your re	rovide all requested information will delay the processing of the application or result in the application being sponse is required to obtain the requested authorization.
The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, the required data, and completing and reviewing the collection of information. If you have any comments write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-laspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YO	on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please 1856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act
Remember – You are not required to respond to a collection of information sponsored by the Federal gove OMB control number or if we fall to provide you with this notice. This collection has been assigned an OM	rnment, and the government may not conduct or sponsor this collection, unless it displays a currently valid B control number of 3060-0856.
THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DELAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.	CEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC
Applicant Form Identifier (Create an identifier for your own reference)	FCC Form 472 Invoice # (To be inserted by administrator)
BLOCK 1: HEADER INFORMATION	TO DE INSERED DY AUTHINISTRION
1. Billed Entity Name Industrial 15D	
2. Billed Entity Number 14/456	
3. Service Provider Identification Number (SPIN) /4302 7372	
4. Contact Name Tony Williams	
5. Contact Telephone Number 361-284-3226	
6. Total Reimbursement Amount (total from Block 2, Column 14) # 4390	. 83

Page 1 of 5

FCC Form 472



	Billed Entity Applicant Reimbursement Form  For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.							
Bil	led Entity Name ntact Name	Londustrial	151		Billed Entity Num	nber	156	n 1
Co	ntact Name	y Williams		Contact T	elephone Number_	361-28	74-3	226
Ар	plicant Form Identif	ier_/ND/64	726					
	BLOCK 2:	LINE ITEM INFO	RMATION PER FI	UNDING REQUES	T NUMBER		V-0 -	
	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
	Long		DO NOT WRITE IN THIS COLUMN.	For each FRN, completed or Column (11), but				L
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Page 2 of 5

FCC Form 472

BILLED ENTITY APPLICANT Reimbursement Form				
Billed Entity Name <u>Industrial</u> ISD				
Billed Entity Number 141456				
Contact Name Tony Williams				
Applicant Form identifier /ND 164726				
Block 3: Billed Entity Certification				
I declare under penalty of perjury that the foregoing is true and correct are Entity Applicant Reimbursament Form on behalf of the eligible schools, lift represented on this Form, and I certify to the best of my knowledge, information A. The discount amounts listed in Column (14) of this Billed Entity Applications for eligible services delivered to and used by eligible school	Ibraries, or consortia of those entities rmation and belief, as follows: icant Reimbursement Form represent s, libraries, or consortia of those entities for			
educational purposes, on or after the service start date reported on t B. The discount emounts listed in Column (14) of this Billed Entity Appl billed by the service provider and paid by the Billed Entity Applicant consortia of those entities.	cant Reimbursement Form were already			
C. The discount amounts listed in Column (14) of this Billed Entity Appl services approved by the fund administrator pursuant to a Funding (				
D. I recognize that I may be audited pursuant to this application and will retention period is required by the rules in effect at the time of this delivered in this funding year any and all records that I rely upon to t	li retain for at least five years (or whatever extilication), after the last day of service			
E. I certify that, in addition to the foregoing, this Billed Entity Applicant governing the schools and libraries universal service support progra compliance and remain in compliance with those rules and orders mand/or cancellation of funding commitments. I acknowledge that fai governing the schools and libraries universal service support prograp prosecution by law enforcement authorities.	is in compilance with the rules and orders im, and I acknowledge that failure to be in any result in the denial of discount funding lure to comply with the rules and orders			
15. Signature of authorized person	16. Date			
/ountreli-	10-24-14			
17. Printed name of eythorized person Tony Williams				
18. Title or position of authorized person	****			
Superintendent				
19. Telephone number of authorized person				
361-284-3226				
20. Address of authorized person PO BOX 369				
PU 100x 567				
Vanderbilt, TX 77991-036	,7			
	CHRONOLOGICA CONTRACTOR CONTRACTO			

BILLED ENTITY APPLICANT Relmbursement Form
Billed Entity Name
Billed Entity Number 14/454
Contact Name Tony Williams
Applicant Form Identifier /ND 164726
Block 4: Service Provider Acknowledgment
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this
Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the
best of my knowledge, information and belief, as follows:  A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity
Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible
after the fund administrator's notification to the service provider of the amount of the approved discounts on this
Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to
tendering or making use of the payment issued by the Universal Service Administrative Company to the service
provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in
complience and remain in compliance with those rules and orders may result in the denial of discount funding
and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders
governing the schools and libraries universal service support program could result in civil or criminal
prosecution by law enforcement authorities.  21. Signature of authorized person (fax, copy or ofiginal signature)   22. Date
buhet. 4. M 3/31/15
23. Printed name of authorized person
Luke P Healy-Controller
24, Title o 814-272-5163
Schoolwires, Inc
330 Innovation Blvd. Suite 301
35 Toloni State College, PA 16803
25. Telepi State Conege, 1 A 18868
26. Address of authorized person
27. Applicant Remittance Information
Name Tony Williams
Title Supt: Street Address Po Boyl 369, Vanderbilt, TX 77991 -0369
Street Address PO Boy 367, Vander Kill J. X 1777 - USGY

Page 4 of 5

FCC Form 472

Approved by OMB
OMB Control No. 3060 – 0856

Estimated time per response: 1.0 hour

FCC	For	m 472			
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Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

## BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the `United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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Applicant Form Identifier (Create an identifier for your own reference)

/ND /6 47 2.7

FCC Form 472 Invoice #

(To be inserted by administrator)

**BLOCK 1: HEADER INFORMATION** 

- 1. Billed Entity Name Industrial 15D
- 2. Billed Entity Number 14/456
- 3. Service Provider Identification Number (SPIN) /43008292
- 4. Contact Name Tony Williams
- 5. Contact Telephone Number 361-284-3226
- 6. Total Reimbursement Amount (total from Block 2, Column 14)

1891,00

Page 1 of 5

FCC Form 472

Billed Entity Applicant Reimbursement Form								
For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.								
Bil	Billed Entity Name							
Co	ntact Name Ton	y Williams		SD Billed Entity Number 14/456 Contact Telephone Number 361-284-3226				
Applicant Form Identifier /ND / 6 472 7								
BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER								
	(7) FCC Form 471	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	Application	Funding Request Number (FRN)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or	Total (Undiscounted)	Discount Rate	Amount Billed to USAC
	Number	1		(,,,,,,	Last Day of Work	Amount for		(Column 12
	(from Funding	(from Funding Commitment			Performed	Service		multiplied by
	Commitment Decision	Decision Letter)			(mm/dd/yyyy)			Column 13)
	Letter)							
		DO NOT WRITE IN For each FRN, complete either Column (10) THIS COLUMN. or Column (11), but not both Columns						
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	тот	AL REIMBURSEN	IENT AMOUNT TO	BE ENTERED IN	ITO ITEM (6)			

BILLED ENTITY APPLICANT Reimbursement Form					
Billed Entity Name <u>Industrial ISD</u>					
Billed Entity Number 141456					
Contact Name Tony Williams					
Applicant Form Identifier /ND/44727					
Block 3: Billed Entity Certification	for the state of t				
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:					
A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for					
educational purposes, on or after the service start date reported on the associated FCC Form 486.  B. The discount emounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and					
consortia of those entitles.  C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible					
services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.  D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service					
delivered in this funding year any and all-records that I rely upon to fill in this form.  E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.					
15. Signature of authorized person	16. Date				
17. Printed name of authorized person					
17. Printed name of authorized person Tony Williams					
18. Title or position of authorized person					
Superintendent					
19. Telephone number of authorized person					
361-284-3226					
20. Address of authorized person					
PO BOX 369					
Vanderbilt, TX 77991-0369					
Experience and the second of t					